

PROPERTY SALVAGE/DESTRUCTION REQUEST

NO. 46221

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One <input type="checkbox"/> Salvage, sell residue <input type="checkbox"/> Salvage, destroy residue <input type="checkbox"/> Destroy		
7. Circumstances/Rationale (Attach field report if applicable):			

8. Signature of Custodian	Printed Name & Title	Date
9. Signature of Immediate Supervisor	Printed Name & Title	Date
10. Signature of Division or Regional Director	Printed Name & Title	Date
11. Signature of Department Property Officer	Printed Name & Title	Date
12. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Signature of State Property Manager	Date

[illegible]